Outcome and ASsessment Information Set

IMPLEMENTATION MANUAL

Implementing OASIS
at a Home Health Agency to
Improve Patient Outcomes

Revised (December 2002)

Department of Health and Human Services
Centers for Medicare & Medicaid Services

PREFACE

OASIS IMPLEMENTATION MANUAL

This manual is written for use by home health agencies implementing the Outcome and ASsessment Information Set (OASIS) as part of their patient-specific comprehensive assessment. This implementation is occurring in the context of a modification to the Medicare Conditions of Participation (CoPs) promulgated by the Centers for Medicare & Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), in two new rules. One regulation requires home care agencies to conduct a patient-specific comprehensive assessment that includes the use of OASIS as a standard core data set at specified time points. The second new rule regards the electronic reporting of OASIS data by home care agencies to a state agency designated by CMS. These final rules were published in the *Federal Register* (Vol. 64, No. 15) on January 25, 1999, with modifications subsequently published in the *Federal Register* (Vol. 64, No. 117) on June 18, 1999. Additional changes to the rules became effective with the Prospective Payment System (PPS) for Medicare beneficiaries that was implemented October 1, 2000 (see *Federal Register,* Vol. 65, No. 128, July 3, 2000).

This manual is written expressly for HHA agency staff who implement the use of OASIS as a uniform core data set for patient assessment and outcome measurement followed by computerization and reporting of OASIS data to the State agency. Although this implementation occurs in response to a mandate from the federal government, OASIS is more than just another government paperwork requirement. The incorporation of OASIS into home care assessment is part of a larger movement toward outcome measurement and quality (and performance) improvement in home care, which has been implemented in several demonstration projects conducted through the collaboration of the home care industry, CMS, and State governments. These demonstration projects have shown that patient outcomes can be improved through outcome-based quality improvement efforts and that OASIS is also useful to home care agencies for a variety of purposes, including care planning, utilization review, and program evaluation.

The experiences of the demonstration agencies in implementing OASIS and outcome-based quality improvement have provided valuable input to this manual, and we are grateful for their willingness to share their learning. Linda Krulish, MHS, PT, also has contributed information of particular relevance for rehabilitation team members. These insights enhance the 7/99 (and later) updated versions of the Implementation Manual.

Further review of the manual occurred in late 2000 and early 2001, following PPS implementation. Changes were made to reflect new requirements. The primary

focus of the content remains however, on implementing and maintaining OASIS data collection for purposes of quality improvement in a home health agency.

Table of Contents

Chapter			Page
1.	Introduction		1.1
	A.	The OASIS in Context	1.1
	B.	Overview of this Manual	1.3
	C.	Overview of Required HHA Activities	1.4
2.	Regulatory Overview		2.1
	A.	Two Separate Regulations	2.1
	B.	Comprehensive Assessment and OASIS Regulation	2.1
	C.	Data Reporting Regulation	2.6
	D.	Privacy Act System of Records Notice	2.13
		Frequently Asked Questions	2.15
3.	Outcomes and OBQI (Context for OASIS)		3.1
	A.	What Is So Important About Outcomes?	3.1
	B.	What Is OBQI?	3.3
	C.	Purposes and Utility of Uniform Data	3.5
		Frequently Asked Questions	3.11
4.	The Comprehensive Assessment and OASIS		4.1
	A.	What is a Comprehensive Assessment?	4.1
	B.	How are the Comprehensive Assessment Data Collected and Documented?	4.2
	C.	Which Home Care Patients Should Receive the Comprehensive Assessment and OASIS Data Collection?	4.3
	D.	When is the Comprehensive Assessment Conducted?	4.3
	E.	Who Completes the Comprehensive Assessment and Records OASIS Data?	4.5
	F.	Is a Single Comprehensive Assessment Expected to Meet the Needs of All Disciplines Providing Care?	4.6
		Frequently Asked Questions	4.9
		Frequently Asked Questions About OASIS Data Collection Surrounding Inpatient Facility Admission	4.16
		Attachment A: Supplemental References on Patient Assessment	4.19
		Attachment B: Additional Home Care Patient Scenarios	4.21

Table of Contents

(Continued)

Chapter			Page
5.	Steps in Implementing OASIS Data Collection		5.1
	A.	Introduction	5.1
	B.	Planning the Implementation of OASIS Data Collection	5.1
	C.	Information Available on the CMS OASIS Web Site	5.1
	D.	Documentation Review and Revision	5.3
	E.	Review and Revision of Policies and Procedures	5.4
	F.	Review of and Planning for Systemwide Impacts	5.4
	G.	Data Entry, Editing, and Transmission	5.5
	H.	Training	5.5
	I.	Assuring Data Accuracy	5.6
		Frequently Asked Questions	5.7
6.	Planning for OASIS Implementation		6.1
	A.	Introduction	6.1
	B.	Enhancing Success	6.1
	C.	What an Agency Needs to Do	6.2
	D.	Implementation Team Activities	6.4
		Frequently Asked Questions	6.8
		Attachment A: Checklist to Plan Implementation of OASIS Data Collection and Transmission	6.9
7.	Documentation Review and Revision		7.1
	A.	Introduction	7.1
	B.	The OASIS Documentation Review and Revision Team	7.1
	C.	Integrating OASIS Items Into Clinical Documentation	7.2
	D.	Revising Agency-Specific Documentation: Approach the Task Systematically	7.5
	E.	Pilot Testing, Revisions, and Refinement	7.6
	F.	Revising Agency Forms to Comply with New OASIS Versions	7.7
		Frequently Asked Questions	7.10
8.	OASIS in Detail		8.1
	A.	Introduction	8.1
	B.	Conventions (Rules) to Follow	8.1
	C.	Understanding the Meaning of Each OASIS Item	8.3
	D.	Collecting OASIS Data in the Context of the Comprehensive Assessment	8.3
	E.	Some Unusual Situations: How to Use OASIS	8.6
		Frequently Asked Questions	8.8
		Attachment A: General OASIS Instructions	8.11
		Attachment B: OASIS Item-By-Item Tips	8.13
		Attachment C: Case Examples of OASIS Items	8.121
		Attachment D: Diagnosis Coding for M0230/M0240 and M0245 (Effective 10/01/2003)	8.147

Table of Contents
(Continued)

Chapter			Page
9.	Planning for Agencywide Impacts of OASIS Data Collection Implementation		9.1
	A.	Introduction	9.1
	B.	Policies and Procedures Impacted by the Regulations	9.1
	C.	System Impacts of OASIS Implementation	9.4
	D.	Tracking Issues	9.5
	E.	Data Correction Impacts	9.6
	F.	Pilot Test, Review, Revise	9.8
		Frequently Asked Questions	9.9
		Attachment A: Communication Points for Contract Clinical Staff	9.11
		Attachment B: Reviewing Current Agency Paper Flow Process(es)	9.15
10.	Data Entry and Transmission		10.1
	A.	Introduction	10.1
	B.	Establishing an OASIS Data Entry System	10.1
	C.	Implementing OASIS Computerization	10.5
		Frequently Asked Questions	10.7
		Attachment A: Checklist for OASIS Computerization Activities	10.13
11.	Training in the Agency		11.1
	A.	Introduction	11.1
	B.	Establishing the Atmosphere for Training: Why Change Is Necessary	11.1
	C.	Who Needs Training? What Training Do They Need?	11.1
	D.	Overall Training Goal	11.2
	E.	Planning and Scheduling the Training	11.3
	F.	Who Should Conduct Training?	11.4
	G.	Training Approaches	11.5
	H.	Learning Curve Expectations	11.6
	I.	Assessing Staff Competency	11.7
	J.	The Most Important Factor in Training	11.8
	K.	What Happens After the Initial Training?	11.9
		Frequently Asked Questions	11.10
		Attachment A: Identifying Training Needs of Staff	11.11
		Attachment B: Training Plan for Staff	11.13
		Attachment C: Training Tips	11.17
		Attachment D: Suggestions to Address Ongoing Training Needs	11.19

Table of Contents

(Continued)

Chapter **Page**

12. Data Quality Audits ---- 12.1
    A. Introduction ---- 12.1
    B. Monthly Audit Activities ---- 12.1
    C. Quarterly Audit Activities ---- 12.5
    D. Summarizing Audit Activities ---- 12.5

    Frequently Asked Questions ---- 12.7

    Attachment A: Monthly Summary of Clinical Record and Data Entry Audit Activities ---- 12.9
    Attachment B: Summary Report of Clinical Audit Visit ---- 12.11
    Attachment C: Quarterly Summary of Data Quality Audit Activities ---- 12.13

13. What's In It for Me? The Value of Change ---- 13.1
    A. Introduction ---- 13.1
    B. What's New and What's Different ---- 13.1
    C. Value of Uniform Data Collection and Reporting ---- 13.1
    D. Keeping the Big-Picture Perspective ---- 13.3

Appendix **Page**

A. Definitions of Key Terms for OASIS Implementation ---- A.1
    1. Definitions of Terms Directly Related to OBQI ---- A.1
    2. Definitions of Terms Directly Related to OBQI Data Processing ---- A.2

B. Outcome and Assessment Information Set (OASIS-B1) ---- B.1
    1. Medicare's OASIS: Standardized Outcome and Assessment Information Set for Home Health Care (OASIS-B1) – (explanatory prologue) ---- B.3
    2. Copyright Release ---- B.9
    3. Outcome and Assessment Information Set (OASIS-B1) ---- B.13
    4. Comparison Between SOC, Follow-Up, Discharge, and Inpatient Transfer Versions of OASIS-B1 ---- B.33
    5. Start of Care Version of the Outcome and Assessment Information Set (OASIS-B1) – (also used for Resumption of Care Following Inpatient Stay) ---- B.43
    6. Follow-Up Version of the Outcome and Assessment Information Set (OASIS-B1) ---- B.61
    7. Transfer Version of the Outcome and Assessment Information Set (OASIS-B1) – (used for Transfer to an Inpatient Facility) ---- B.69
    8. Discharge Version of the Outcome and Assessment Information Set (OASIS-B1) – (also used for Transfer to an Inpatient Facility or Patient Death at Home) ---- B.73

Table of Contents
(Continued)

Appendix		Page
C.	Sample Clinical Records Incorporating OASIS-B1 Data Set	C.1
	1. Patient Tracking Sheet	C.3
	2. Start of Care Assessment (also used for Resumption of Care Following Inpatient Stay)	C.5
	3. Follow-Up Assessment	C.19
	4. Transfer to Inpatient Facility	C.25
	5. Discharge Assessment (also used for Transfer to an Inpatient Facility or Patient Death at Home)	C.27
	6. Death at Home	C.39
	7. Sample Clinical Assessment Form for All Time Points	C.41
	8. Universal Assessment Form	C.43
D.	Checklists to Review Integration of OASIS-B1 Items	D.1
	1. Start of Care Version	D.3
	2. Follow-Up Version	D.7
	3. Discharge Version	D.9
E.	Common ICD Code Categories	E.1
F.	Software Guidelines	F.1
	1. Purpose of Guidelines	F.1
	2. Guidelines for Point of Service Clinical Documentation Software	F.2
	3. Guidelines for Data Entry Software	F.4
	4. Guidelines for Optical Scanning Systems	F.5
	5. Guidelines for Data Tracking Systems	F.6
	6. Evaluating Software	F.7
G.	Patient Privacy Notices	G.1
	English Versions	
	1. Statement of Privacy Rights	G.3
	2. Privacy Act Statement	G.5
	3. Notice About Privacy for Patients Who Do Not Have Medicare or Medicaid Coverage	G.7
	Spanish Versions	
	4. Statement of Privacy Rights	G.9
	5. Privacy Act Statement	G.11
	6. Notice About Privacy for Patients Who Do Not Have Medicare or Medicaid Coverage	G.13

Frequently Asked Questions
Table of Contents

Page

Chapter 2: Regulatory Review

1. Which patients of the HHA must receive the comprehensive assessment that includes OASIS items? 2.15
2. Where can I obtain the HAVEN software? 2.15
3. To whom do the comprehensive assessment and OASIS requirements apply? 2.15
4. How do the new regulations apply to Medicaid HHA programs? Do the OASIS regulations apply to HHAs operating under Medicaid waiver programs? 2.16
5. Do the comprehensive assessment and OASIS requirements apply to our hospice patient population? What if they are receiving "hospice service" under the home care agency (not the Medicare hospice benefit)? Would OASIS apply? 2.16
6. We have a branch of our agency that serves non-Medicare patients. Can you elaborate on whether we need to do the comprehensive assessment with OASIS for these patients? We do serve Medicaid patients from this branch -- does this make a difference? 2.17
7. When a nurse visits a patient's home and determines that the patient does not meet the criteria for home care (e.g., not homebound, refuses services, etc.), is the comprehensive assessment required? What about OASIS data collection? 2.17
8. Should we collect OASIS data on patients receiving therapy services under Medicare Part B? 2.18
9. Can you clarify the intent of and the difference between the "initial assessment" and the "comprehensive assessment?" 2.18

Chapter 3: Outcomes and OBQI (Context for OASIS)

1. What is the single most important thing for agencies to do as they implement OASIS? 3.11
2. I feel my agency's patient population is very unique. Will the outcome reports be able to take these patient characteristics into account? 3.11
3. When will agencies begin to receive outcome-based quality improvement (OBQI) reports based on the data that will be submitted to the OASIS national repository? Once agencies start receiving these reports, how often will they come? 3.11
4. Will CMS be analyzing outcome data for Medicare managed care patients using the OASIS data set? Will there be a comparison between regular Medicare and Medicare HMO patients? 3.12

Chapter 4: The Comprehensive Assessment and OASIS

1. Can any of the identified disciplines (RN, PT, SLP/ST, OT) complete the comprehensive assessment? 4.9
2. Should the comprehensive assessment and OASIS data collection be the collaborative effort of all the disciplines ordered? 4.9
3. My skilled care patient does not have a visit scheduled during the five-day period at the end of the certification period. What should I do? 4.9
4. We occasionally receive requests for one-time visits to perform specific services (e.g., evaluate patients for DME needs, perform a venipuncture, administer an injection, etc.). Do these patients require a comprehensive assessment with OASIS data collection? If so, which data are transmitted to the State? 4.10
5. What are the indications for an "other follow-up" assessment? 4.10
6. If a resumption of care survey is performed, does the clock "reset" with respect to follow-up survey, i.e., is the follow-up due two calendar months after resumption of care or does it remain two calendar months from the original start of care date? 4.11

Frequently Asked Questions
Table of Contents
(Continued)

Page

7. In multidiscipline cases, who can perform the comprehensive assessment in the following situations:
   a) When RN and PT are both ordered at SOC?
   b) When PT is ordered at SOC, and the RN will enter 7-10 days after SOC?
   c) When PT (or ST) is ordered along with an aide?
   d) If our agency policy is for the RN to perform an assessment before the therapist's SOC visit?
   e) OT services are the only ones ordered for a non-Medicare patient?
   f) Both RN and PT will conduct discharge visits on the same day? 4.12
8. Can the MSW or an LPN ever perform a comprehensive assessment? What about therapy assistants? 4.13
9. I understand that the SOC (or resumption of care) initial assessment is to be done within 48 hours of the referral (or hospital discharge). What do we do if the patient puts us off longer than that? For example, the patient says, "I have an appointment today (Friday); please come Monday." 4.13
10. We have questions about the discharge comprehensive assessment:
    a) Does the clinical documentation need to include anything other than the OASIS discharge items?
    b) Under what circumstances is the discharge comprehensive assessment required to be done -- only in case of a discharge when goals are met?
    c) If nursing and therapy visit the same day, which is also the date of discharge, who is responsible for the discharge comprehensive assessment? 4.14
11. Is it ever acceptable for an LPN to complete the OASIS? For example, could an LPN complete the OASIS if she/he were the last to see a patient prior to an unexpected rehospitalization? 4.15
12. For patients who are discharged after a hospital stay or a visit to the doctor, is it necessary to complete the discharge assessment? We will not be able to make a home visit after the discharge order is obtained. 4.15
13. My agency places patients on “hold” status during an inpatient facility stay. My patient was transferred to a hospital and then went to a nursing home. At this point, my agency decided to discharge the patient. What do I do about OASIS data collection?
    My agency also places patients on a “hold” status when they are transferred to an inpatient facility. My patient died during the inpatient facility stay. What do I do about OASIS data collection? 4.16
14. Is OASIS data collection required if the patient is admitted to an inpatient facility for diagnostic tests only? 4.16
15. What do I do about OASIS data collection if the patient’s inpatient facility admission is less than 24 hours? 4.16
16. If the patient is admitted to an inpatient facility for diagnostic tests, but the tests lead to further treatment (e.g., surgery, etc.), is OASIS data collection required? 4.17
17. My patient was transferred to an inpatient facility and is still there during the five-day recertification (follow-up) assessment period. My agency places patients on “hold” status during an inpatient stay. What should I do about the required OASIS data collection? 4.17
18. What OASIS data are required to be collected when the resumption of care and the recertification (follow-up) assessment are within days of each other? 4.18
19. One of my agency’s patients goes to a nursing home for respite services one weekend each month. What assessments and data collection are required? 4.18

Frequently Asked Questions
Table of Contents
(Continued)

Page

Chapter 5: Steps in Implementing OASIS Data Collection

1. I don't have Internet access in my agency. How can I obtain the information that is posted on the CMS web site in a printed version? 5.7
2. It appears there are many internal agency process changes needed to fully implement OASIS data collection. Am I required to make these changes in my agency? 5.7
3. These steps appear to take at least six months to accomplish. Is it at all feasible to accomplish them in a relatively brief time period? 5.7

Chapter 6: Planning For OASIS Implementation

1. Do the new regulations require my agency to discharge any skilled care patients who are admitted to inpatient facilities for 24 hours or longer? 6.8
2. My agency prefers the simplicity of a policy that discharges all patients admitted to an inpatient facility. Must I wait until the patient has been hospitalized for 24 hours to discharge him/her from my agency, or can I discharge the patient as soon as they are admitted to an inpatient facility? 6.8
3. Isn't there an advantage to not discharging patients admitted to an inpatient facility? Aren't there fewer data to collect and to report? 6.8

Chapter 7: Documentation Review and Revision

1. Where do I get the CMS comprehensive assessment form? Which vendors have CMS-approved forms? 7.10
2. Are the forms in the User's Manual scannable? 7.10
3. What about date of onset/exacerbation for home care diagnoses, as required on the CMS 485? 7.10
4. Will agencies be allowed to modify skip patterns through alternative sequencing of OASIS questions? 7.11
5. Is there a separate OASIS admission form that can be used for rehab-only cases where skilled nursing is not involved? 7.12
6. Are the OASIS data sets (all time points) to become part of the patient's record? Our admission OASIS data set will be part of the chart because we have our admission assessment included in the OASIS questions. But with the resumption of care, transfer, discharge, do we make this part of the record? 7.12
7. If the OASIS data elements are being filled out for the start of care, follow-up and discharge, is there an additional nursing note required as a Federal regulation? Or is an additional nursing note (as a summary of data gathered) not required, assuming the OASIS elements include all necessary patient information? 7.13

Chapter 8: OASIS in Detail

1. How can I make sure that my staff is answering the OASIS items correctly? I'm particularly concerned about one clinician substituting for another when there are vacations, sick days, or other absences. 8.8
2. Do different disciplines assess the patient in the same way? I wonder whether the nurse and therapist, when encountering the same situation, actually "see" the same thing 8.9
3. Will there be any further revisions to the OASIS-B1 data set currently posted on the OASIS web site? 8.9

Frequently Asked Questions
Table of Contents
(Continued)

Page

Chapter 9: Planning for Agencywide Impacts of OASIS Data Collection Implementation

1. Why is there so much emphasis on tracking of patients? Haven't we always had to do this in providing home care? 9.9
2. What exactly are "logical inconsistencies" between OASIS items? How can I tell if my clinical staff is making such errors? 9.9
3. What are the differences between data entry errors and clinical documentation errors? 9.10
4. Why is it more time consuming to correct clinical documentation errors than data entry errors? 9.10

Chapter 10: Data Entry and Transmission

1. Are home health agencies required to use HAVEN for data submission? 10.7
2. What software vendors have been approved by CMS? 10.7
3. I can't afford to provide each of my clinical staff with a laptop computer to collect OASIS data. How will we be able to transmit the data? 10.7
4. How does HAVEN interface with other Public Health applications a home health agency may already be running? 10.7
5. Does HAVEN perform error checking during data entry or during file generation and submission? 10.8
6. When a patient is admitted to an inpatient facility, we routinely discharge the patient from our agency. We entered a start of care assessment (M0100 Reason for Assessment 1) and transfer to inpatient facility assessment (M0100 Reason for Assessment 7) into HAVEN. In a week, the patient returned home and was readmitted to home health care. We are unable to enter a new start of care assessment for this patient. What can we do? 10.9
7. We had a patient that we visited on April 15 and the physician called on April 19 to say no more visits were needed. When we enter the discharge assessment (M0100 Reason for Assessment 9) into HAVEN, we get the following message: *"WARNING: Difference between M0090_INFO_COMPLETED_DT (04/19/1999) and M0906_DC_TRAN_DTH_DT (04/15/1999) should be no more than 2 days (4)."*. 10.9
8. How do I handle a situation in HAVEN where a patient's ID number (M0020_PAT_ID) changes between episodes of care? 10.10
9. Regarding the time frame for OASIS data entry, the *Federal Register* stated that the start of care assessment must be completed within five days and the encoding and finalizing of the data entry (lock) within seven days of completing the OASIS data set. Does the seven days start from the date that is recorded in OASIS question M0090 (Date Assessment Completed)? Is the date assessment completed the day of that initial visit when the service provider obtains their information (start of care date) or is it the day the clerical staff complete the ICD codes which could be a day or two later? 10.11

Chapter 11: Training in the Agency

1. Someone told me that it took over 40 hours to train agency clinical staff to use OASIS. My agency doesn't have this quantity of staff time available for training. What do I do? 11.10
2. It appears that training is a nearly continuous activity for an agency, even if conducted in only informal ways. Is this correct? 11.10

Frequently Asked Questions
Table of Contents
(Continued)

Page

Chapter 12: Data Quality Audits

1. Will the diagnosis codes on the OASIS be checked against the 485 or UB-92? What if they don't match? 12.7
2. Will CMS require our agency to submit summaries of our data quality audit activities? What if we want to develop our own approaches to monitoring data quality? 12.7